

IMPORTANT: Use this form during inspection: Complete and attach to your ES340 Report

HOUSING INSPECTION REPORT

FP-24A

Employer _____

User-Member(s) _____

Location of Camp _____

By Whom Operated (Name and Position) _____

Date Last State Insp. _____ Maximum Capacity _____ No. Workers in Camp _____

A. HYGIENE

Are lodgings and grounds clean and orderly?	Yes	No
Are doors and windows screened?	Yes	No
Are buildings adequately ventilated?	Yes	No
Is fresh and pure drinking water provided?	Yes	No
If water storage tank is used, is it kept clean and sanitary?	Yes	No
Are drainage facilities adequate?	Yes	No

B. ADEQUACY TO CLIMATIC CONDITIONS

Are buildings in good condition, with good floor and roofing?	Yes	No
Is provision made for heating quarters when necessary?	Yes	No
Are blankets provided when necessary?	Yes	No

C. ADEQUACY OF PREMISES (SPACE)

Do lodgings generally appear adequate as to space?	Yes	No
Is sufficient space provided in sleeping quarters?	Yes	No

D. SANITARY FACILITIES

Are sanitary facilities properly maintained?	Yes	No
Are they at a reasonable distance from sleeping quarters?	Yes	No
Is there an adequate supply of hot and cold water for bathing?	Yes	No
Are showers provided in sufficient number?	Yes	No
Are toilets adequate and in sufficient number?	Yes	No

E. COOKING AND EATING FACILITIES

Are cooking and eating facilities separate from sleeping quarters?	Yes	No
Are they kept clean and sanitary?	Yes	No
Where workers cook for themselves -		
Are sufficient stoves and burners provided?	Yes	No
Are cooking and eating utensils furnished?	Yes	No
Is readily accessible fuel provided?	Yes	No
Are there sufficient tables and chairs (benches)?	Yes	No
Is a metal sink with adequate drainage provided?	Yes	No
Is there an adequate supply of hot and cold running water?	Yes	No
Are adequate garbage disposal facilities provided?	Yes	No

F. OTHER ☐

Do workers' quarters have adequate lighting?

Yes No

Are laundry facilities provided?

Yes No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS NO, EXPLAIN BELOW (Refer to appropriate letter headings)

(If more space is required use a continuation sheet)

ACTION TAKEN (Check)

1. No action necessary _____
2. Corrective action taken immediately _____ Corrective action promised _____
3. Deficiency notice (FP-24) left with employer (date) _____ Notice returned by employer advising deficiencies corrected (date) _____
4. If follow-up inspection was necessary, show date: _____

Deficiencies corrected? Yes _____ No _____
5. If not corrected, what action do you recommend? _____

* If corrective action included the removal of workers by employer to other suitable quarters, show number of workers removed: Date: